

JENNIFER M. GRANHOLM GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH

Lansing

JANET OLSZEWSKI DIRECTOR

MICHIGAN ADVANCED PRACTICAL EXAM RESERVATION FORM

Name:	Michigan candidates Mail or fax form to:
S.S. #:	Michigan Department of Community Health
Daytime phone:	EMS and Trauma Systems Section
Address:	Langing Michigan 49012
Email:	
	National Registry office – this will only cause delays.
Program Sponsor:	·
Course Completion Date	
Exam level:	Exam attempt:
EMT-Specialist	Initial
Paramedic	Partial Retest (date of initial test)
	Full Retest (date of initial test)
Confirmation will be sent when exam is	confirmed
Exam date/time: (please list 3 choices)*	EXAM DATES: www.michigan.gov/ems
1st choice (date):	3rd choice (date):
2nd choice (date):	Other:
If rotacting, attach a convert all provious results from	de National Desirate

If retesting, attach a copy of all previous results from the National Registry.

Available Examination Dates: (Exams will begin at 9:00 AM)

January 18, 2008 January 30, 2008 February 2, 2008 February 15, 2008 February 22, 2008 Mobile Medical Response Mobile Medical Response Huron Valley Ambulance Huron Valley Ambulance Huron Valley Ambulance 1200 Circle 310 S. Washington 1200 Circle 1200 Circle 310 S. Washington Ann Arbor, MI 48108 Saginaw, MI 48601 Ann Arbor, MI 48108 Ann Arbor, MI 48108 Saginaw, MI 48601

PRACTICAL EXAM FEES (DO NOT SEND FEE WITH RESERVATION FORM)

	EMT-S	Paramedic
Initial	\$100	\$125
Partial Retest	\$ 70 (2 or less skills)	\$ 90 (5 or less skills)
Full Retest	\$100	\$125

ALL FEES MUST BE MONEY ORDER OR CERTIFIED CHECK, payable to the confirmed exam site. <u>NO PERSONAL</u> <u>CHECKS ACCEPTED</u> Fees will be collected at the practical exam site upon check-in.

Reservation forms must be received at least three weeks prior to the desired exam day, (two weeks for Jan. 18, 2008 date). You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter**.

NOTE: Same-day practical retests <u>cannot</u> be guaranteed.